

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

12.31.2015

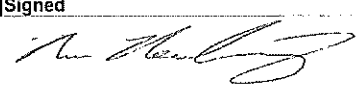
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
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		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
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		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
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		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Sanitary Sewer			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time:		Storm Duration (hrs):	
Weather at time of this inspection?		Approximate Rainfall (in):			
		21 degrees partly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Remarks					
Ground frozen, snow covered. 6 1/2 inches of snow since 12/28					
Observation Report Certification Statement			Signed		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.			Date		
			 12.31.2015 Development Inspector: 515-608-3296		

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

12.24.2015


Observed By: Nicholas Newbury ICCSPP

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
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		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
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		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
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12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
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13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
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15	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
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21	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Sanitary Sewer			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 12/23 3am		Storm Duration (hrs):	13 Approximate Rainfall (in): 0.84
Weather at time of this inspection?		32 degrees cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Need to replace several silt fences	when weather allows	
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Remarks					
Mcaninch planning on starting up again after new years. Currently have about 2/3 of sanitary sewer done.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					12.24.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

12.18.2015

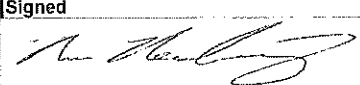
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Sanitary Sewer			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 12/12 6pm		Storm Duration (hrs):	72 Approximate Rainfall (in): 3.78
Weather at time of this inspection?		34 degrees scattered clouds			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Remarks					
Heavy rain this past weekend. Sugar Creek was out of its banks. Has receded somewhat. SW corner of plat 10 still stable. Maninch to get standpipe installed in plat 10 basin next week.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					12.18.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

12.11.2015

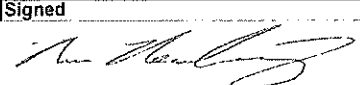
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Sanitary Sewer			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time:		Storm Duration (hrs):	
Weather at time of this inspection?		48 degrees overcast			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Remarks					
Site was fairly dry-Tidy Site still finishing up some stabilization towards north and east of plat 10.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					12.11.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

12.04.2015


Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Sanitary Sewer			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 11/30 12am		Storm Duration (hrs): 19	Approximate Rainfall (in): 0.37
Weather at time of this inspection?		46 degrees clear			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	mcaininch to clear large sediment deposits on westown	before end of today	
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Remarks					
Noticeable track-out from site onto westown from loading/unloading heavy equipment. Mcaininch to clean end of day.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					12.04.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

11.27.2015

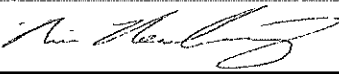
Observed By: Nicholas Newbury ICCSPP

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
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		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
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		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
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		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
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		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
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		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
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		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
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31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Sanitary Sewer			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time:		Storm Duration (hrs):	Approximate Rainfall (in):
Weather at time of this inspection?		28 degrees overcast			
Do you suspect discharges may have occurred since the last inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Remarks					
got 6 1/2 inches of snow last week. Ground still partially covered.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					11.27.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

11.20.2015

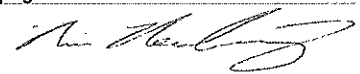
Observed By: Nicholas Newbury ICCSPP

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Sanitary Sewer			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 11/18 12am		Storm Duration (hrs):	14
Weather at time of this inspection?		39 degrees light snow			
Do you suspect discharges may have occurred since the last inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Remarks					
Snow falling while on site. Ground partially covered. Mcaninch still on site working.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					11.20.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

11.13.2015

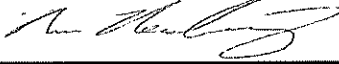
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control		Action Required	Notes
41	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	full
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Sanitary Sewer			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 11/11 2pm	Storm Duration (hrs):	10	Approximate Rainfall (in): 0.5
Weather at time of this inspection?		50 degrees clear			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Remarks					
Mcaninch repaired partially eroded area on westown from drainage coming off warrior ln.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					11.13.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

11.06.2015

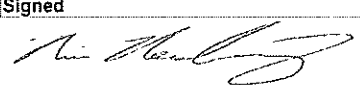
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
2	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
5	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
6	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
7	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
10	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
11	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
12	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
13	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Sanitary Sewer			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 11/5 4pm		Storm Duration (hrs):	2
				Approximate Rainfall (in):	0.06
Weather at time of this inspection?		57 degrees mostly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no				
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Remarks					
Mcaninch starting sanitary on SW portion of plat 10. they have 2 pipe crews on site.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					11.06.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Wauke

County: Dallas

Date of Observation:

10.30.2015

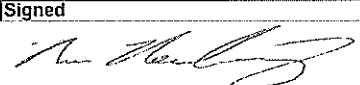
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		mobilizing/Sanitary Sewer/stabilization			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 10/27 12pm		Storm Duration (hrs):	14 Approximate Rainfall (in): 0.59
Weather at time of this inspection?		55 degrees overcast			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Remarks					
mcaninch has mobilized pipe crews and started working on sanitary. Tidy Site has stabilized west side of plat 10. Seed starting to come in well.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					10.30.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

10.23.2015

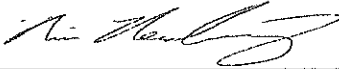
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control		Action Required	Notes
14	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
15	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
16	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
17	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
18	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
19	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
20	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
21	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
22	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
23	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
24	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
25	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
26	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
27	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
28	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
29	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
30	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control		Action Required	Notes
41	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
42	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
43	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	full
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input checked="" type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	Repair/Cleanout	
		<input type="checkbox"/>	Poor	Replacement	
		<input type="checkbox"/>	Failure	Removal	

Describe present phase of construction		Pipe sanitary, water, storm			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 10/21 9am		Storm Duration (hrs):	3 Approximate Rainfall (in): 0.03
Weather at time of this inspection?		58 degrees light rain			
Do you suspect discharges may have occurred since the last inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Mcaninch has two crews working on sanitary. Tidy site swept around construction entrance to the north-track out.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					10.23.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

10.16.2015

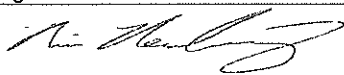
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Stabilization; mobilization of pipe crew			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time:		Storm Duration (hrs):	
Weather at time of this inspection?		Approximate Rainfall (in):			
		53 degrees clear			
Do you suspect discharges may have occurred since the last inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Pipe crew started this week on sanitary.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					10.16.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

10.9.2015

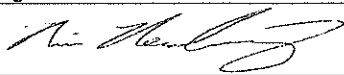
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
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		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Stabilization; mobilization of pipe crew			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time:		Storm Duration (hrs):	
Weather at time of this inspection?		54 degrees cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A	<input type="checkbox"/>			
Remarks					
Mcaninch mobilizing equipment to start pipe next week.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					10.9.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

10.2.2015

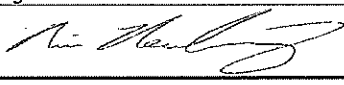
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control		Action Required	Notes
14	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Stabilization			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 9/29 1am		Storm Duration (hrs): 7 Approximate Rainfall (in): 0.81	
Weather at time of this inspection?		54 degrees clear			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Site starting to dry out. Pipe to potentially start next week.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					10.2.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

9.25.2015

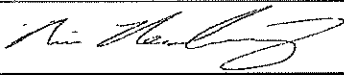
Observed By: Nicholas Newbury ICCSPP

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control		Action Required	Notes
14	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
32	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
33	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
34	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
35	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
36	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
36	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
37	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
38	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
39	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
40	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal

Control No.	Description of Control	Condition of Control		Action Required	Notes
41	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	full
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Stabilization			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 9/22 7pm	Storm Duration (hrs):	3	Approximate Rainfall (in): 0.5
Weather at time of this inspection?		69 degrees overcast			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Pipe still hasn't started. Some seed starting to come in on east side.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					9.25.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

9.18.2015

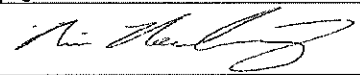
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading/Stabilization			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 9/17 6am		Storm Duration (hrs):	4 Approximate Rainfall (in): 0.41
Weather at time of this inspection?		69 degrees overcast			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	seed/mulch respread areas		
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Tidy site has finished temp seeding all backyards and outlots. Still waiting on construction plan approval from the city.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					9.18.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

9.11.2015

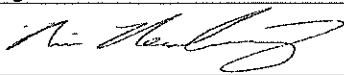
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control		Action Required	Notes
14	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
15	Silt Fence		Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
16	Silt Fence		Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
17	Silt Fence		Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
18	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
19	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
20	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
21	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
22	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
23	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
24	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
25	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
26	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
27	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
28	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
29	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	
30	Silt Fence		Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
			Poor	<input type="checkbox"/> Replacement	
			Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control		Action Required	Notes
41	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	full
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading/Stabilization			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:	Storm Start Date & Time: 9/6 10pm	Storm Duration (hrs):	6	Approximate Rainfall (in):	1.44
Weather at time of this inspection?		55 degrees sunny			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ordered seed/mulch in respread areas	9/6/2015	
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Tidy site started temp seeding backyard/respread areas. Still have some to do next week on south and east side of site.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.				9.11.2015	
			Development Inspector:	515-608-3296	

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Wauke

County: Dallas

Date of Observation:

9.04.2015

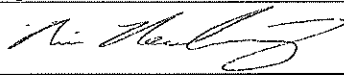
Observed By: Nicholas Newbury ICCSPP

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control		Action Required	Notes
14	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
15	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
16	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
17	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
18	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
19	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
20	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
21	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
22	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
23	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
24	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
25	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
26	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
27	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
28	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
29	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
30	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading/Stabilization			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 9/2 1AM		Storm Duration (hrs):	5 Approximate Rainfall (in): 0.5
Weather at time of this inspection?		88 degrees partly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ordered seed/mulch in respread areas		9/6/2015
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Tidy Site finished putting more fence in late last week/weekend. Called for update about seed/mulch. Tidy Site said they would be out seeding today/this weekend.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					9.04.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

8.28.2015

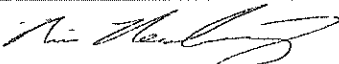
Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control		Action Required	Notes
14	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
33	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
34	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
35	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
36	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
37	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
38	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
39	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
40	Silt Fence	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
41	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
42	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
43	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	full
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
		<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading/Stabilization			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 8/28 3AM		Storm Duration (hrs): 13	Approximate Rainfall (in): 0.3
Weather at time of this inspection?		78 degrees overcast			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ordered seed/mulch in respread areas	9/6/2015	
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Mcaninch finishing grading today. Touching up around silt basin and slope to west of basin. Showed Tidy Site all new areas that we need silt fence before end of the weekend. Also ordered seed/mulch in respread areas that we discussed with Mcaninch and the city.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					8.28.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

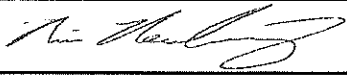
8.21.2015

Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
27	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
29	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 8/19 4PM	Storm Duration (hrs):	3	Approximate Rainfall (in): 0.05
Weather at time of this inspection?		82 degrees scattered clouds			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Mcaninch has about a week of grading left. Tidy site met on site with mcaninch to look at silt fence around pond/basin. Stockpile off warrior was getting smoothed up and made accessible for builders.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					8.21.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

Date of Observation:

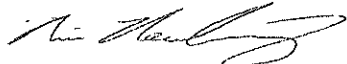
8.14.2015

Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
16	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
18	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
19	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
20	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
22	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
24	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
27	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
28	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
29	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
30	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

31	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
32	Silt Fence	<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	
		<input type="checkbox"/>	Good	<input type="checkbox"/>	None	
		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repair/Cleanout	
		<input type="checkbox"/>	Poor	<input type="checkbox"/>	Replacement	
		<input type="checkbox"/>	Failure	<input type="checkbox"/>	Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 8/14 12AM		Storm Duration (hrs):	3 Approximate Rainfall (in): 0.02
Weather at time of this inspection?		87 degrees partly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	scraping heavy areas of sediment on westown		end of work day
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Mcaninch has about a week of grading left. Tidy site met on site with mcaninch to look at silt fence around pond/basin. Stockpile off warrior was getting smoothed up and made accessible for builders.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					8.14.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

County: Dallas

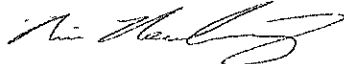
Date of Observation:

8.7.2015

Observed By: Nicholas Newbury ICCSPP

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
10	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

Control No.	Description of Control	Condition of Control	Action Required	Notes
14	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
15	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
16	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
17	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
18	Silt Fence	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
19	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
20	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
21	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
22	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
23	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
24	Silt Fence	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
25	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
26	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 8/4 10pm		Storm Duration (hrs):	2
Weather at time of this inspection?		Approximate Rainfall (in): 0.01			
		86 degrees partly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
<p>McAninch has a couple weeks left of grading to do. Having tidy site come out next week to look at silt fencing around the basin several lines of fence to break up the drainage velocity.</p>					
Observation Report Certification Statement			Signed	Date	
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.</p>				8.7.2015	
			Development Inspector:	515-608-3296	

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee


County: Dallas

Date of Observation:

7.31.2015

Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 7/28 8am	Storm Duration (hrs):	16	Approximate Rainfall (in): 2.44
Weather at time of this inspection?		87 degrees partly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Mcaninch didn't work for a couple days after heavy rain event this week. They are on site today trying to disc dry the site. Having tidy site out next week to install silt fence around basin.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.				7.31.2015	
			Development Inspector:	515-608-3296	

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

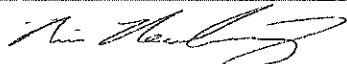
County: Dallas

Date of Observation:

7.24.2015

Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 7/20 10am	Storm Duration (hrs):	1	Approximate Rainfall (in): 0.02
Weather at time of this inspection?		77 degrees scattered clouds			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Mcaninch working in basin still cutting to grade.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					7.24.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

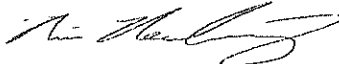
County: Dallas

Date of Observation:

7.17.2015

Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 7/16 1am		Storm Duration (hrs): 8	Approximate Rainfall (in): 0.93
Weather at time of this inspection?		93 degrees partly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
had track-out onto warrior In coming from plat 10. Tidy site services scraped up around warrior In.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					7.17.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

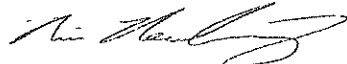
County: Dallas

Date of Observation:

7.10.2015

Observed By: Nicholas Newbury ICCSPP

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 7/6 5am		Storm Duration (hrs): 4	Approximate Rainfall (in): 0.24
Weather at time of this inspection?		93 degrees partly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Mcaninch working on bailey west area, smaller basin area.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					7.10.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukec

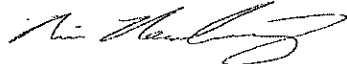
County: Dallas

Date of Observation:

7.3.2015

Observed By: Nicholas Newbury ICCSPP

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input checked="" type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
10	Silt Fence	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Failure	<input checked="" type="checkbox"/> None <input type="checkbox"/> Repair/Cleanout <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 6/28 4am	Storm Duration (hrs):	4	Approximate Rainfall (in): 0.8
Weather at time of this inspection?		75 degrees partly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					7.3.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

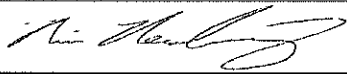
County: Dallas

Date of Observation:

6.26.2015

Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 6/25 12am		Storm Duration (hrs): 9	Approximate Rainfall (in): 1.7
Weather at time of this inspection?		75 degrees overcast			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Heavy rain event yesterday morning. On Wednesday night, Mcaninch said they'd built some earth dams in swales to hold back some water in addition to the silt fence on site.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					6.26.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

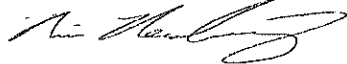
County: Dallas

Date of Observation:

6.19.2015

Observed By: Nicholas Newbury ICCSPPI

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, provide:		Storm Start Date & Time: 6/15 1am	Storm Duration (hrs): 15	Approximate Rainfall (in): 1.57	
Weather at time of this inspection?		81 degrees partly cloudy			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action	Date for corrective action/ responsible person	
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Mcaninch didn't work morning of 6/16-letting site dry after heavy rain 6/15.					
Observation Report Certification Statement			Signed	Date	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					6.19.2015
			Development Inspector:		515-608-3296

NPDES SITE OBSERVATION REPORT

Project Name: Glynn Village



NPDES Permit No.: IA-9433-9235

Location: Plat 10

City: Waukee

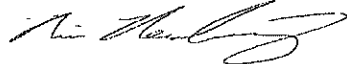
County: Dallas

Date of Observation:

6.12.2015

Observed By: Nicholas Newbury ICCSPP

Control No.	Description of Control	Condition of Control	Action Required	Notes
1	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
2	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
3	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
4	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
5	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
6	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
7	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
8	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
9	Silt Fence	<input type="checkbox"/> Good	<input type="checkbox"/> None	
		<input type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
10	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
11	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
12	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	
13	Silt Fence	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> None	
		<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Repair/Cleanout	
		<input type="checkbox"/> Poor	<input type="checkbox"/> Replacement	
		<input type="checkbox"/> Failure	<input type="checkbox"/> Removal	

Describe present phase of construction		Grading			
Type of Inspection	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event	<input type="checkbox"/> Post-storm event	
Weather Information					
Has it rained since the last inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide:		Storm Start Date & Time: 6/12 12am		Storm Duration (hrs): 10	Approximate Rainfall (in): 0.02
Weather at time of this inspection?		65 degrees overcast			
Do you suspect discharges may have occurred since the last inspection?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
Are there any discharges at the time of inspection?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Overall Site Issues					
BMP/activity	Implemented	Maintained	Corrective Action		Date for corrective action/ responsible person
Are perimeter controls/sediment barriers adequately installed and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are all slopes and areas not being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are natural resource areas/streams etc. protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are discharge points free of sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there evidence of sediment being tracked into streets?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is trash from work areas collected in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are wash out facilities available and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicle & equipment fueling/maintenance areas free of spills?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Are materials that are potential storm water contaminants stored inside or covered?	<input checked="" type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/>			
Remarks					
Mcaninch still stripping topsoil-see map. Very light rain, mcaninch still able to work. All initial perimeter controls were installed this week.					
Observation Report Certification Statement			Signed		Date
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.					6.12.2015
			Development Inspector:		515-608-3296